STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.
Filing Fee: $50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
88315	Glen Hills Realty Corp.

3. Principal office address	City	State	Zip
33 Glen Hills Drive	CRAN	RI	02920

4. Business Phone No.	5. State of Incorporation
401-942-1666	RI.

6. Brief description of the character of business conducted in Rhode Island
REAL ESTATE SALES & BROKERAGE, RESIDENTIAL, MULTIFAMILY, COMMERCIAL
REAL ESTATE MANAGEMENT (531390)

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
KEVIN T. MALLOY	GARY T. MALLOY
Street Address: 33 Greenwich Way	Street Address: 200 EXCHANGE ST #417
City: W. WARW. State: RI Zip: 02893	City: PROV State: RI Zip: 02903
Secretary Name	**Treasurer Name**
KERRY ANN MALLOY	THOMAS F. MALLOY
Street Address: 39 Sachem Dr	Street Address: 136 Perennial Dr.
City: CRAN State: RI Zip: 02920	City: CRAN State: RI Zip: 02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

Director Name	Director Name
ERIN K. ACETO	CHRIS E. MALLOY
Street Address: 7 LINDSAY LANE	Street Address: 53 GARLAND AVE
City: CRAN State: RI Zip: 02921	City: CRAN State: RI Zip: 02910
Director Name	**Director Name**
KEVIN T. MALLOY	GARY T. MALLOY
Street Address: 33 Greenwich Way	Street Address: 200 W. Exchange ST #417
City: W. WARW. State: RI Zip:	City: PROV State: RI Zip: 02903

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of Instruction sheet.

10. SHARES ISSUED ('X' BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE	N/A	N/A

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FOR SECRETARY OF STATE USE ONLY
File Date: FILED KM
Check No.: MAR 30 2020
By:
BY 11900

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date: 3/24/20

KEVIN T. MALLOY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012